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TO: Examiner C.T. Ho
Group Art Unit 2664

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

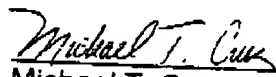
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MATTER: 16102US01

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PTO/SB/21 (09-04)
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TRANSMITTAL FORM		Application Number	09/873,316		
(to be used for all correspondence after initial filing)		Filing Date	June 5, 2001		
		First Named Inventor	L.J. Botha		
		Art Unit	2684		
		Examiner Name	C.T. Ho		
Total Number of Pages in This Submission		15	Attorney Docket Number	16102US01	
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response - 11 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm		McAndrews Held & Malloy, Ltd.			
Signature		<i>Michael T. Cruz</i>			
Printed Name		Michael T. Cruz			
Date		December 12, 2005			
CERTIFICATE OF FAX TRANSMITTAL					
I hereby certify that this correspondence is being sent via facsimile to Examiner C.T. Ho at the United States Patent and Trademark Office, fax No. 571 273 8300, dated December 12, 2005.					
Name (Print type)		Michael T. Cruz		Registration No. (Attorney/Agent)	44,636
Signature		<i>Michael T. Cruz</i>		Date	December 12, 2005

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 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number C9/873,318
 Filing Date June 5, 2001
 First Named Inventor L.J. Botha
 Examiner Name C.T. Ho
 Art Unit 2684
 Attorney Docket No. 16102US01

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☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

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Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
 Multiple dependent claims

Small Entity	
Fee(\$)	Fee(\$)
50	25
200	100
360	180

Total Claims -20 or HP Extra Claims Fee(\$)

HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$)

Indep. Claims -3 or HP Extra Claims Fee(\$)

HP = highest number of independent claims paid for, if greater than 3 Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$)

100 150 (round up to a whole number) Fee Paid(\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for two-month extension of time

Fee Paid(\$)

450

SUBMITTED BY

Signature Michael T. Cruz
 Name (print/type) Michael T. Cruz
 Registration No. 44,636
 Telephone (312) 775-8000
 Date December 12, 2005